



16648

Practitioner's Docket No. U 014297-5

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re application of YUHPYNG L. CHEN

Serial No.: 09/583,372

Group No.: 1614

DEC 27 2002

Filed: MAY 31, 2000

Examiner: D. JONES

TECH CENTER 1600/2900

For: CORTICOTROPIN RELEASING FACTOR ANTAGONIST

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
☐ is attached.
☐ was already filed.
☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: December 19, 2002

Signature

CLIFFORD J. MASS

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OTHER THAN A SMALL ENTITY |
|--|---|---|---------------------------------------|------------------|-----------------------------|-----------------------------------|
| | | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Addit. Rate Fee | Addit. Rate Fee |
| Total | * | Minus | ** | = | x \$ 9= \$ | x \$ 18= \$ |
| Indep. | * | Minus | *** | = | x \$ 42= \$ | x \$ 84= \$ |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claims | | | | | + \$140= \$ | + \$280= \$ |
| | | | | | Total Addit. Fee \$ ____ | OR Total Addit. Fee \$ ____ |

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ ____.

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 920.00.

☐ Charge Account No. 12-0425 the sum of \$ ____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

Reg. No. 30,086

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SIGNATURE OF PRACTITIONER

CLIFFORD J. MASS

(type or print name of practitioner)

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